

Please fill out House of Representatives and return to: Attn: Chief Clerk/Employment

P.O. Box 40600

Olympia, WA 98504-0600

Position Applied for:	Social Security number (required)					
Full Name (First, Middle	Phone number					
	,		(H)			
Address			(W)			
Address						
City			State		Zip code	
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EMPLOYMENT H						
		Resume AttachedYes	_No			
Present or Last Employer		Employer's Address		Employer's Ph	ione Number	
Your Title		Months & Years Employed in this Position From / To /	Total Months	Avg Hrs Per Wk	Last Salary	
Immediate Supervisor's Name	Reason for Lea	aving	Volunteer (🗸)	Full Time Mos. Equiv.	Employment Verified	
Specific Duties			<u>.I</u>			
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Present or Last Employer		Employer's Address		Employer's Phone Numbe		
Your Title		Months & Years Employed in this Position From / To /	Total Months	Avg Hrs Per Wk	Last Salary	
Immediate Supervisor's Name	Reason for Lea	aving	Volunteer (🗸)	Full Time Mos. Equiv.	Employment Verified	
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Present or Last Employer		Employer's Address	<del> </del>	Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /	Total Months	Avg Hrs Per Wk	Last Salary	
Immediate Supervisor's Name	Reason for Lea	aving	Volunteer (✔)	Full Time Mos. Equiv.	Employment Verified	
Specific Duties				•		
SIGNATURE - All answers and answers are cause for rejection of		e and complete to the best of my knowledge. It for termination of employment.	understand that	untruthful or m	isleading	
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## House of Representatives

Full Name (First, Middle init	Liai, Last)			7		# (required)	Positio			
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Your Title				red in this Po	osition	Total Months	( ) Avg Hrs Last Salary			
		Months & Years Employed in this Position From / To /				Volunteer (🗸)	Per Wk			
Immediate Supervisor's Name	Reason for Leav	ving				volunteer (* )	Full Time Mos. Equi	v. Ver	ployment ified	
Specific Duties										
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<sup>\*</sup> Current employees or those who have been employed as a Legislative/Administrative Assistant will be evaluated based on their work and salary history. Office of Chief Clerk (1/03)